

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-674)

SERIAL NO.
10/048155

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		CLAIMS
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	
1					
2					
3	2				
4	2				
5	0				
6	1				
7	0				
8	0				
9	1				
10	1				
11	0		10		
12	8		10		
13	1		1		
14	1		1		
15	2		1		
16	2		1		
17	0		1		
18	1		1		
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50					
TOT- IND.		2			
TOT- DEP.		25			
TOTAL CLAIMS	27				

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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